FILE NO. 130

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

April 22, 1969 — THIS LICENSE OR PERMIT EXPIRES

Dr. Orin Hayes — LICENSEE OR PERMITTEE

6001 Frontier Road — ADDRESS

T 9N; R 7E; Section 16; Blk. 3; Lot 4; Addition Sheldon Heights — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-31(67) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 130

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 10-16-69

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with Lincoln City Ordinance No. 9150, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N; Range 7E; Section 16;
Block 3; Lot 4; Addition ~~SHELDON HEIGHTS~~
Street Address 6001 Frontier Rd

2. Property Use: Residential ☐ 3; Commercial ☐
No. Bedrooms ____ Describe ____

Other Use ☐
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: Bay 8'10" ft
cattail

5. Work to be done by: Owner ☐; or Contractor ☒, Smiths Inc
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	413 00

Dr Cun Hayes
Signature of Applicant (owner or lessee)

6001 Frontier Rd
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $____

2. Date Site Clearance: ____

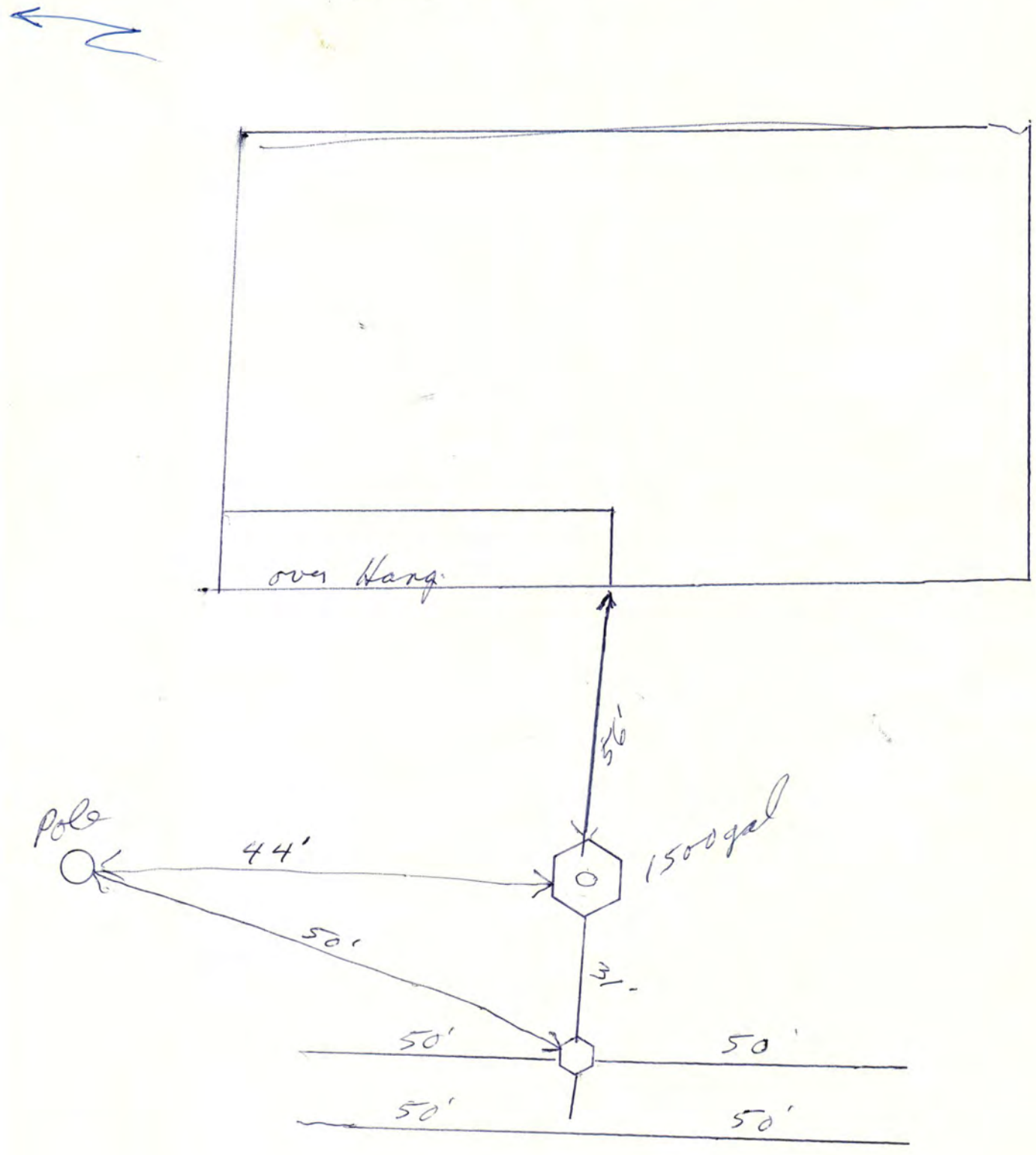
3. Site Visits:
Date: ____ by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Wood 10/22/69

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/22/69 by: L.C.H.

Sinclair Assoc. 3-14-78



Revision #1

RECEIVED AUG 0 9 1989

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: Aug 7, 1989

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 16; BLOCK 3

LOT 4; ADDITION Sheldon Heights Street Address 6001 FRONTIER ROAD

Directions to Property South of Old Cheney at approximately 64th ST ON FRONTIER ROAD 2ND House on West Side of road

Location of Well 1/3 distance between barn & house Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1966

	NAME	ADDRESS	PHONE
Present Owner:	Mr & Mrs G. Meisels	520 Crystal Grove Blvd Lutz, Florida 33549	813-949-3938
Tenant/Buyer:	KATHLEEN FAHLIN	2500 S 60th ST #9 Lincoln 68506	489-7627
Return to:	CYNTHIA GARTON	3910 SOUTH ST Lincoln 68506	488-2559 488-HOME

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Cynthia Garton / Home Real Estate Address 3910 South Street

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 9, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8-10-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 8-10-89 by JM
Bacteria	☒	☐	Provisional:	☐	Date 12-11-89 by JM
✓ Nitrate	☒	☐	Disapproved:	☒	Date _____ by ___

Comments: Subsurface disposal field of septic system too close to water well. Horse barn & accumulated manure too close to well well Abandoned new well drilled See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☐ Provisional Approval: ☐

APPROVED BY _____ DATE _____

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: May 30, 1991

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 16 ; BLOCK 3

LOT 4 ; ADDITION Sheldon Heights ; Street Address 6001 Frontier Road, Lincoln, NE 68516

Directions to Property _____

Location of Well Front of house, north of driveway in the flower planter box (wellnew in 1989) Tap Location: Inside ☐ Outside ☒

Location of Sewage System west of the house in the backyard, manhole cover has the bird bath on top of it Year Installed 19677

	NAME	ADDRESS	PHONE (work)
Present Owner:	J.J. Thomasen & Kathleen R. Fahlin	6001 Frontier Road, Lincoln, NE 68516	467-8715 (Kat) 486-5336 (J.J.)
Tenant/Buyer:			
Return to:	Lincoln Bank South	4100 South 27th Street, Lincoln, NE 68502	423-2361

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Lincoln Bank South By: Carol A. Most Address 4100 South 27th Street, Lincoln, NE 68502

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 4, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6/6/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 6/6/91 by J.C.H.
Bacteria	☒	☐	Provisional:	☒	Date _____ by ___
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: SEPTIC SYSTEM APPARENTLY PREDATES REGULATIONS
NO EVIDENCE OF MALFUNCTION HENCE APPROVAL IS PROVISIONAL

_____ See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☐	Provisional Approval: ☒

APPROVED BY Jerrold C. Hood R.S. DATE 6/10/91

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

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LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

[X] Evaluation of the Individual Water System Date: October 19, 19982

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 16 ; BLOCK 3

LOT 4 ; ADDITION Sheldon Heights ; Street Address 6001 Frontier Rd., Lincoln, NE 68516

Directions to Property _____

Location of Well in the flower planter box (wellnew in 1989) Front of house, north of driveway Tap Location: Inside [ ] Outside [X]

Location of Sewage System cover has the bird bath on top of it west of the house in the backyard, manhole Year Installed 1967 ADDED TO 1969

	NAME	ADDRESS	PHONE
Present Owner:	J.J. Thomsen and Kathleen R. Fahlin	6001 Frontier Rd., Lincoln, NE 68516	(402) 467-8715 (K) 486-5336 (J.J.)
Tenant/Buyer:			
Return to:	Lincoln Bank South	4100 So. 27th, Lincoln, NE 68502	(402)423-2361

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Lincoln Bank South By: Carla A. Eberwood Address 4100 So. 27th St., Lincoln NE 68502

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HEALTH DEPARTMENT USE ONLY

Date Received OCTOBER 20, 1992 Received $150.00 Check [X] Cash [ ]

PRELIMINARY STATUS--DATE OCTOBER 21, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[ ]	Date 10/21/92 by J.C.H
Bacteria	[X]	[ ]	Provisional:	[X]	Date _____ by ____
Nitrate	[X]	[ ]	Disapproved:	[ ]	Date _____ by ____

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. ORIGINAL SYSTEM APPARENTLY PREDATES REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter [ ]

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: [X]	Approved: [ ]	Provisional Approval: [X]

APPROVED BY Jerold C. Hood R.E.H.S. DATE OCTOBER 26, 1992

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 6001 Frontier Rd Lincoln, NE

Twp 9 N Range 7E Section 16 1/4 ___ 1/4 ___ Block 3 Lot 4 Addition Sheldon Heights

Directions to Property Old Cheney- East from Hwy-3.

Location of Well ___ Installed 12/11/1987 Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Oct 22 - 1969 Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Joel James Thomsen Kathleen R. Fahlin	6001 Frontier Rd	423 68[illegible]
Tenant/Buyer:	Al Joseph KOURI & Wife	RR-1 Box 430 Chelsea, OK.	918-789-3433
Return to:			

Signature of Applicant Al Joseph Kouri Address RR-1 Box 430 Chelsea, Ok. 74016 Date 11/10/97

HEALTH DEPARTMENT USE ONLY

Date Received 11/10/97 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By ___ **DATE:** 11/12/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 6 /ml	☐ ___ /ml
Nitrate	☒ 0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 11/13/97 by PD

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Sprinkler system over lateral field. Suggest pumping septic tank if not done in past 2-3 years

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Paul W[illegible] Date 11/19/97

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.